

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 242
(A-19)

Introduced by: Texas

Subject: Improving Health Information Technology Products to Properly Care for LGBTQ Patients

Referred to: Reference Committee B
(Charles Rothberg, MD, Chair)

1 Whereas, Electronic health records (EHRs) and other health information technology (HIT)
2 products have historically ignored the needs of patients identifying as LGBTQ; and
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4 Whereas, The Office of the National Coordinator required EHR vendors, as part of the 2015
5 certified EHR technology (CEHRT) certification, to provide the functionality to capture sexual
6 orientation and gender identity data; and
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8 Whereas, Such 2015-certified EHRs generally do not change the underlying EHR logic of (1)
9 clinical decision support related to sex and gender issues and (2) patient demographics, the
10 EHR may create erroneous alerts/recommendations and inappropriate displays/reports; and
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12 Whereas, The 2015 CEHRT requirements do not include other HIT products, such as health
13 information exchange products or third-party apps; and
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15 Whereas, Without appropriate EHRs and HIT functionality, care for patients identifying as
16 LGBTQ is more likely to be both unequal and burdensome for both patients and physicians; and
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18 Whereas, Web services, cloud-based algorithms, and personal health records can reduce the
19 impact of having to program each EHR with custom logic for providing appropriate care for
20 patients identifying as LGBTQ; and
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22 Whereas, Collection of discrete medical, surgical, and social data that is inclusive of nonbinary
23 gender will become increasingly important for relevant medical research; therefore be it
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25 RESOLVED, That our American Medical Association research the problems related to the
26 handling of sex and gender within health information technology (HIT) products and how to best
27 work with vendors so their HIT products treat patients equally and appropriately, regardless of
28 sexual or gender identity (Directive to Take Action); and be it further
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30 RESOLVED, That our AMA investigate the use of personal health records to reduce physician
31 burden in maintaining accurate patient information instead of having to query each patient
32 regarding sexual orientation and gender identity at each encounter (Directive to Take Action);
33 and be it further

1 RESOLVED, That our AMA advocate for the incorporation of recommended best practices
2 into electronic health records and other HIT products at no additional cost to physicians.
3 (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/24/19

RELEVANT AMA POLICY

Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.
2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18

Medical Spectrum of Gender D-295.312

Given the medical spectrum of gender identity and sex, our AMA: (1) will work with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity; (2) will educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and (3) affirms that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth.

Citation: Res. 003, A-17; Modified: Res. 005, I-18

Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms D-315.974

Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues and appropriate medical and community based organizations to distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315.967, Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, to our membership.

Citation: Res. 014, A-18